

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****REQUEST TO REOPEN
FRIEND OF THE COURT CASE****CASE NO.**

Friend of the Court address

Telephone no.

Plaintiff's name and address

Defendant's name and address

v

Attorney:

Attorney:

1. On _____ an order was entered exempting this case from friend of the court services.
Date

I REQUEST that the friend of the court case be reopened upon filing of this request with the friend of the court office. Attached is a completed Verified Statement and Application for IV-D Services.

Date_____
Signature**CERTIFICATE OF MAILING**

I certify that on this date I mailed a copy of this request to the friend of the court and to other party by first class mail addressed to his/her last known address as defined in MCR 3.203.

Date_____
Signature